



CITY OF NEWARK BUILDING PERMIT APPLICATION
220 South Main Street, Newark, DE. 19711
Phone: (302) 366-7000 / Fax (302) 366-7098

Permit Number: _____

PROPERTY OWNER INFORMATION

Name: _____ Phone: _____
Address: _____ Email: _____
City/ State/ Zip: _____
Project Address: _____

ESTIMATED PROJECT COSTS

SIGNED PROPOSAL OR CONTRACT MUST BE SUBMITTED -NO EXCEPTIONS

Building: _____ Electrical: _____
Plumbing: _____ Fire Protection: _____
Mechanical: _____ Other: () _____
HVAC: _____ Total Project Cost: _____

CONTACT/ CONTRACTOR INFORMATION

Contractor Name: _____ Phone: _____
Contractor Email: _____
Contact Name: _____ Phone: _____
Electrical Inspection Agency: _____
Business/Tenant Name: _____

PROJECT DESCRIPTION

DESCRIBE WORK TO BE DONE INCLUDING PROPOSED USE



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HVAC INFORMATION

Heating

Work Type: (check one)

New Installation _____
Replacement _____
Conversion _____

Input BTU _____

Fuel Type _____

Vent/ Chimney _____

Vent/ Chimney Size _____

AFUE% _____

Cooling

Work Type: (check one)

New Installation _____
Replacement _____
Conversion _____

SEER _____

Equipment Size _____
(in tons)

PLUMBING INFORMATION

Riser Diagram _____

Plumbing Plan Layout _____

Water Heater Size _____ gals.

Electric _____

Gas _____

Water Heater Location _____

Vent Type _____

APPLICANT / PROPERTY OWNER SIGNATURE

Applicant (print) Date

Property Owner (signature) Date

**SIGNED PROPOSAL OR CONTRACT MUST
 BE SUBMITTED—NO EXCEPTIONS**

Applicant (signature) Date